



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/20/2011	201113900754	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

AXELROD LAIBERTE, LLC
137 E STATE STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted**

2022085

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE GOVERNMENT INTEGRITY FUND, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

201113900754



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 18th day of May, A.D.
2011.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following

- | | |
|--------------------------------------|--|
| <input checked="" type="radio"/> Yes | PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 *** |
| <input type="radio"/> No | PO Box 670
Columbus, OH 43216 |

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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*Complete the general information in this section for the box checked above.*FIRST: Name of Corporation The Government Integrity Fund, Inc.SECOND: Location Columbus Franklin
(City)
(County)Effective Date (Optional) / / / *Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.*
(mm/dd/yyyy) Check here if additional provisions are attached*Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.*

THIRD: Purpose for which corporation is formed

See Exhibit A Attached Hereto

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(Refer to instructions if needed)

(No. of Shares)

(Type)

(Par Value)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name) _____

(Street) _____ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

(Name) _____

(Street) _____ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

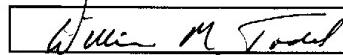
(Name) _____

(Street) _____ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

REQUIRED

Must be authenticated
(signed) by an authorized
representative
(See Instructions)



05/18/11
Date

Authorized Representative

William M. Todd, Secretary

(print name)
137 East State Street

Columbus, Ohio 43215

Authorized Representative

Date

(print name)

Authorized Representative

Date

(print name)

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of The Government Integrity Fund, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

William M. Todd

(Name)
137 East State Street

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

, Ohio

43215

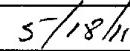
(City)

(Zip Code)

Must be authenticated by an authorized representative



Authorized Representative



Date


Authorized Representative


Date


Authorized Representative


Date

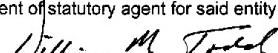
ACCEPTANCE OF APPOINTMENT

The Undersigned,

William M. Todd

, named herein as the

Statutory agent for,
. hereby acknowledges and accepts the appointment of statutory agent for said entity.


Signature:

(Statutory Agent)

Exhibit A

The purpose for which this Corporation is founded are, as follows:

- (i) To promote the social welfare of the citizens of Ohio;
- (ii) To promote, develop, define and encourage the distribution of information to the general public of Ohio regarding important issues of macroeconomics, tax policy, regulatory policy, and corporate responsibility, transparency and accountability, together with related issues affecting all citizens;
- (iii) To engage in other activities that facilitate public education on the foregoing issues, and promote the betterment of the community as a whole;
- (iv) To enter into any and all controls and arrangements necessary or appropriate to accomplish the foregoing purposes; and
- (v) To do all things necessary and or appropriate to accomplish the foregoing purposes.